

☒ Adult Def☐ PC Arrest☐ Juvenile Def☒ Application for
Warrant / Capias**AFFIDAVIT-COMPLAINT**

Clerk's Case No. _____

SA Case No.(s) _____

1. Agency Name: JACKSON COUNTY SHERIFF'S OFFICE		2. Agency Report Number: 2018-016417		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd w/felony		3a. Ordinance Type: <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County	
4. Date/Time of Offense: 7/16/2018 @ 08:00		5. Date/Time of Arrest:		6. Arresting Officer: CHEREE EDWARDS #2521		7. Investigating Officer: CHEREE EDWARDS #2521	
8. Defendant's Name: (Last) (First) (Middle) (First) (Middle) MARTIN, DAWNDRELL M						9. OBTS:	
10. Race/Sex: B / F		11. DOB: [REDACTED]		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Controlled Substance Seized: TYPE AND QUANTITY		15. Height:		16. Weight:		17. Eye Color:	
18. Hair Color:		19. Scars, marks, tattoos, unique physical features:		20. Driver's License Number/State: M635173837630 / FL		21. Social Security Number: [REDACTED]	
22. Residential Telephone:		23. Business Telephone:		24. Address (Street, Apartment Number): 3767 LITTLE ZION ROAD		25. (City) (State) (Zip): SNEADS FL 32460	

26. Charge Description (#1): CHILD ABUSE	26. Statute or Ordinance Number: 827.03	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
27. Charge Description (#2):	27. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
28. Charge Description (#3):	28. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
29. Charge Description (#4):	29. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
30. Charge Description (#5):	30. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
31. Charge Description (#6):	31. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
32. Charge Description (#7):	32. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
33. Charge Description (#8):	33. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
34. Charge Description (#9):	34. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
35. Charge Description (#10):	35. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord

55. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____		56. Information Given: <input type="checkbox"/> Victim Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Dom. Viol. Info	
57. Physical Evidence Collected in This Case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	58. Witness Statements Taken in This Case <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	59. I certify that all the above information is true and correct to the best of my knowledge and is page <u>1</u> of a <u>3</u> page affidavit/complaint.	
Evidence Custodian's Name: _____	Person Responsible For Statements: _____	Inv. Chedwards Officer / Complaintant Signature	INV. CHEREE' EDWARDS Officer / Complaintant Signature

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

Electronically Filed Jackson Case # 18000695CEAXMX 08/27/2018 08:53:21 AM

State Attorney Copy

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AFFIDAVIT-COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

80. Agency Name: JACKSON COUNTY SHERIFF'S OFFICE	81. Agency Report Number: 2018-016417	82. Date/Time of Arrest:	83. Investigating Officer: CHEREE EDWARDS #2521
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the hereinafter named defendant did commit the violation as stated above and the factual basis for belief is as follows:

On July 16, 2018, Your Affiant was contacted by Department of Children and Families Child Protection Investigator Daniel Henry in reference to physical abuse of child. According to CPI Henry, the child, [REDACTED] year old [REDACTED], had come to [REDACTED] located at [REDACTED] on this date with multiple injuries on her person to include bruises on her face, back, neck and head. CPI Henry stated a Child Protection Team interview and a medical examination had already been administered in which the [REDACTED] had made a disclosure of physical abuse. [REDACTED] According to CPI Henry, Ms. Martin is the alleged perpetrator for the injuries to [REDACTED]. Upon reviewing [REDACTED] Child Protection Team interview [REDACTED] was asked about the bruise located on the left side of her face to which she disclosed "T.T. hit me with a comb." "I was being bad." [REDACTED] refers to Ms. Martin as "T.T." [REDACTED] also disclosed that Ms. Martin had hit her and caused an injury to eye then she lifted up her right arm and stated that Ms. Martin had also struck her with a comb around her arm pit area. [REDACTED] spontaneously lifted her shirt up to show Case Coordinator, Angie Griffin her back and told her that Ms. Martin had hit her on the back as well. [REDACTED] stated other than Ms. Martin using a comb to strike her she has also used a flip flop and switch to strike her when administering discipline. [REDACTED] gave indications that Ms. Martin's mother, Mary Highsmith, had also hit her by thumping her in the forehead. However, [REDACTED] stated that Ms. Martin was the only one that hits her with the comb. [REDACTED] would later describe the comb to her teacher at daycare as being black in color. Upon learning of the incident [REDACTED] Case Manager, Christina Corbin, with Anchorage Children's home went to Ms. Martin's home and found the comb used to strike [REDACTED]. A photo of the comb was taken and forwarded to Your Affiant. The comb is black in color with a silver point at the end. During [REDACTED] medical examination she provided the same story to ARNP, Kim Dykes, as to how she obtained the injuries as she did in her Child Protection Team interview and to CPI Henry. Upon the conclusion of ARNP's Dykes examination she noted that [REDACTED] had numerous scabbed wounds, petechial bruising and other bruises on her head, face, back, arms, and legs. ARNP Dykes also noted "the injuries were consistent with inflicted injury and are consistent with the stated mechanism of the child having been repeatedly struck with a comb and a switch and having been repeatedly thumped in the forehead."

On July 17, 2018, a sworn statement was obtained from Ms. Martin in regards to the physical abuse of [REDACTED]. According to Ms. Martin, on Sunday, July 15, 2018, they were lounging around [REDACTED] and at some point [REDACTED] had gotten sent to [REDACTED] for being bad. Later in the day [REDACTED] took a nap and when [REDACTED] woke up Ms. Martin heard [REDACTED] bouncing [REDACTED] shortly yell out "I got a boo boo on my head." Ms. Martin stated she looked at [REDACTED] head and saw there was a red spot on her head to which she later put cream on. Ms. Martin stated [REDACTED] constantly [REDACTED] falls off to which Ms. Martin indicated [REDACTED] could have hit herself on the dresser [REDACTED].

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his / her knowledge. Inv. Cheree Edwards Signature of Officer / Complainant INV. CHEREE EDWARDS Officer / Complainant's Name (Printed) 2521 ID Number	86. Sworn to and subscribed before me this <u>27</u> day of <u>Jul</u> , 2018. Inv. Roy Jackson Signature of Person Administering Oath (Printed Name) <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other ID _____ ID Type Seal
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87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	88. Adult's Name (Last) (First) (Middle) _____ _____ _____	89. Residential Phone _____ _____ _____	90. Work Phone _____ _____ _____
89. Address (Street, Apartment Number) (City) (State) (Zip) _____ _____ _____ _____	92. Notified By: (Name) _____ _____	93. Date _____ _____	94. Notification Method _____ _____
95. Law Enforcement Disposition of Juvenile Contact _____ _____	Release Date _____ _____	Release Time _____ _____	Released To _____ _____

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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the hereinbefore named defendant did commit the violation as stated above and the factual basis for belief is as follows:

Ms. Martin stated when she bathed [REDACTED] Sunday night she did observe a bruise near her left eye, an injury on her leg and what she stated was ant bites on [REDACTED] back. When Ms. Martin [REDACTED] July 16th, she did advise the daycare of the bruise under [REDACTED] left eye.

Ms. Martin explained that [REDACTED] picks at herself often and is having to constantly be told to stop putting her hands in her face. Ms. Martin states that she has observed [REDACTED] pinching her skin almost to the point of bleeding. Ms. Martin stated on Saturday, July 14th she observed [REDACTED] pinching her leg while watching TV and it looked as though it was going to bleed. Ms. Martin stated the [REDACTED] told her an ant had bit her under eye, but [REDACTED] never disclosed what had caused the blue bruise near her eye. Ms. Martin attributed the bruise near the eye to be from [REDACTED] pinching her skin as it had been raised slightly above the skin. Ms. Martin has also observed [REDACTED] biting her hair to the point of breaking, pulling her hair out from the roots and using her own hair to self-harm by trying to cut between her fingers and toes. Ms. Martin stated due to [REDACTED] constantly picking at herself she usually inspects [REDACTED] person [REDACTED] and if she finds anything out of the norm she notifies daycare.

Ms. Martin did not recall seeing the red mark located on the left side of [REDACTED] face adjacent to the crease of her mouth and could not give a valid answer as to how [REDACTED] could have received the injury. Ms. Martin explained the marks on the side of [REDACTED] neck could possibly be from the comb she uses to brush her hair. Ms. Martin described the comb to be black in color and she acknowledged she would sometimes brush [REDACTED] hair too hard and scrape the back of [REDACTED] neck and that could have possibly caused the injury on her neck. She did however, state [REDACTED] on Sunday, July 15th, "So whatever happened had to happen Sunday morning or Sunday night." When Ms. Martin was confronted about whether she had inflicted the injuries to [REDACTED] she began crying and denied that she [REDACTED] had caused the injuries. She then stated while she was combing [REDACTED] hair she told [REDACTED] she would have to stop moving and Ms. Martin believes that [REDACTED] took what she said as a threat that she would hit her.

After speaking with Ms. Martin I made contact with ARNP Dykes to clarify if the tiny puncture wounds on top of [REDACTED] head were consistent with her pulling her hair out and ARNP Dykes advised me it was not consistent with hairpulling. I also confirmed with ARNP Dykes if the puncture wounds on [REDACTED] back and the mark above her left eye were consistent with ant bites and she stated the marks were not caused from ant bites. ARNP Dykes clarified that [REDACTED] injuries to her face, back and head were all consistent with inflicted injury and self-harm.

Based upon the consistency of [REDACTED] statement coupled with the findings of ARNP Kim Dykes that [REDACTED] injuries were inflicted, Dawndrell Martin is being charged Child abuse, F.S. 827.03.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>3</u> pages is true and correct to the best of his / her knowledge. <i>Inv. Cheree Edwards</i> Signature of Officer / Complainant INV. CHEREE EDWARDS Officer / Complainant's Name (Printed) 2521 ID Number	86. Sworn to and subscribed before me this <u>27</u> day of <u>Jul</u> , 2018. <i>Inv. Roy Jackson</i> Signature of Person Administering Oath (Printed Name) <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other ID _____ ID Type Seal
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87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	88. Adult's Name (Last) (First) (Middle)
89. Address (Street, Apartment Number) (City) (State) (Zip)	90. Residential Phone: () () 91. Work Phone: () ()
92. Notified By (Name)	93. Date: 93a. Time: 94. Notification Method:
95. Law Enforcement Disposition of Juvenile Contact:	Release Date: Release Time: Released To:

State Attorney Copy